

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 001 ****61.25

DOCUMENT # 736295 1. Entity Name OCEAN WALK PLACE HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 275 TONEY PENNA DR. STE. 7 JUPITER, FL 33477 US			Mailing Address 275 TONEY PENNA DR. STE. 7 JUPITER, FL 33477 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2262568	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE SUNRISE MANAGEMENT COMPANY OF THE PALM 275 TONEY PENNA DRIVE SUITE 7 JUPITER, FL 33458				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DON ALBRIGHT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDERPOL, GALE		NAME		
STREET ADDRESS	126 BONEFISH CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP	T	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Ned Fleming <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOORSE, MARY J		NAME	D	
STREET ADDRESS	125 E SANDPIPER CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Kim Kouki <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, DAVE		NAME	S	
STREET ADDRESS	114 BONEFISH CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOWVEY, PETER		NAME	D	
STREET ADDRESS	108 W SPEARFISH LN		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, KEVIN		NAME	P	
STREET ADDRESS	111 RAINBOWFISH LN		STREET ADDRESS		
CITY - ST - ZIP	JUPITER, FL 33477		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Don Albright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	